



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E354152**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-02164
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	09 - 04 - 2014	TIME (2400)	1223	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	2900
	MILE POST <input type="checkbox"/>	

DISTANCE	200	00	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SOPER HILL RD
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3606917317
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LAST NAME	CROSBY	FIRST NAME	MYRON	MIDDLE INITIAL	A
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STREET NEW ADDRESS	17307 CROOKED MILE RD
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CITY	GRANITE FALLS	ST	WA	ZIP	982528737
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CDL	A	RESTRICTIONS	B, K	ENDORSEMENTS	
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DRIVER'S LICENSE #	CROSBMA560C5	STATE	WA	SEX	M	D.O.B.	02 - 25 - 1944
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	C24482A	STATE	WA	VIN#	5KKMALCK78PZ83418
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TRAILER PLATE #	1873XE	STATE	WA	TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	WSTR	MODEL	TRUCK	STYLE	CC	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. BOBBY TRUCKING 3894 HOLTZHEIMER TRAIL RD BLAINE WA 98230

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	WEST AMERICAN INS CO BAW56037921
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4257509466
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LAST NAME	CRESPO	FIRST NAME	MICHELE	MIDDLE INITIAL	A
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STREET NEW ADDRESS	16821 SMOKEY POINT BLVD # 223
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CITY	ARLINGTON	ST	WA	ZIP	982238407
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CDL		RESTRICTIONS	B, J	ENDORSEMENTS	
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DRIVER'S LICENSE #	CRESMA386NE	STATE	WA	SEX	F	D.O.B.	08 - 05 - 1962
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	COMPL OF LEFT ARM AND ABDOMIN PAIN
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LICENSE PLATE #	ALA8811	STATE	WA	VIN#	1G2WP12K4XF277160
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	PONT	MODEL	GRACP	STYLE	P2	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SPEEDWAY TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MICHELE CRESPO 16821 SMOKEY POINT BLVD # 223 ARLINGTON WA 98223

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	WALT LESTER INS AGENCY FCAPPA6160043-11
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E354152**

CASE # **14-02164**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 9/4/2014 at 1223 hours, I responded to a report of a collision on SR 9 near the intersection of Soper Hill Rd in the City of Lake Stevens. V-1 was travelling northbound behind V-2 on SR 9 approaching the intersection at Soper Hill Rd. V-1 is a tandem dump truck with a full load. The traffic light ahead had a solid green circle. At the intersection a small passenger car had stalled causing traffic behind it to brake suddenly and take evasive maneuvers. The driver of V-1 attempted to stop the vehicle and pull to the left into the turn lane to avoid a collision. V-1 was unable to stop in time and collided with the rear of V-2.

The driver of V-1 was uninjured. The driver of V-2 complained of abdominal and left arm pain. She was transported to Providence Hospital by Aide personnel. V-2 was towed from the scene by Speedway Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-04-14 05:48 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

9/5/2014 2:19:10 AM

BADGE OR ID #

120

ORI #

WA0311900

TIME POLICE DISPATCHED

12:24 PM

TIME POLICE ARRIVED

12:25 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E354152**

CASE # **14-02164**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☒

UNIT #

1

USDOT

504104

ICC #

26715

VEHICLE TYPE

2

CARGO BODY
TYPE

5

CARRIER
NAME

WOLFORD TRUCKING INC

CARRIER
ADDRESS

22014 W BOSTIAN RD

CITY

WOODINVILLE

ST

WA

ZIP

98072

NAME
SOURCE

1

#

AXLES

04

GVWR

10025

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR
VEHICLE

☐

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT

☐

INSURANCE CO
& POLICY #

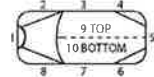
VEHICLE
LEGALLY
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR
VEHICLE

☐

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

GDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT

☐

INSURANCE CO
& POLICY #

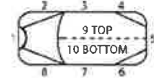
VEHICLE
LEGALLY
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

09-04-14 05:48 PM

DATED:

PLACE SIGNED

BADGE
OR ID #

120

ORI
#

WA0311900

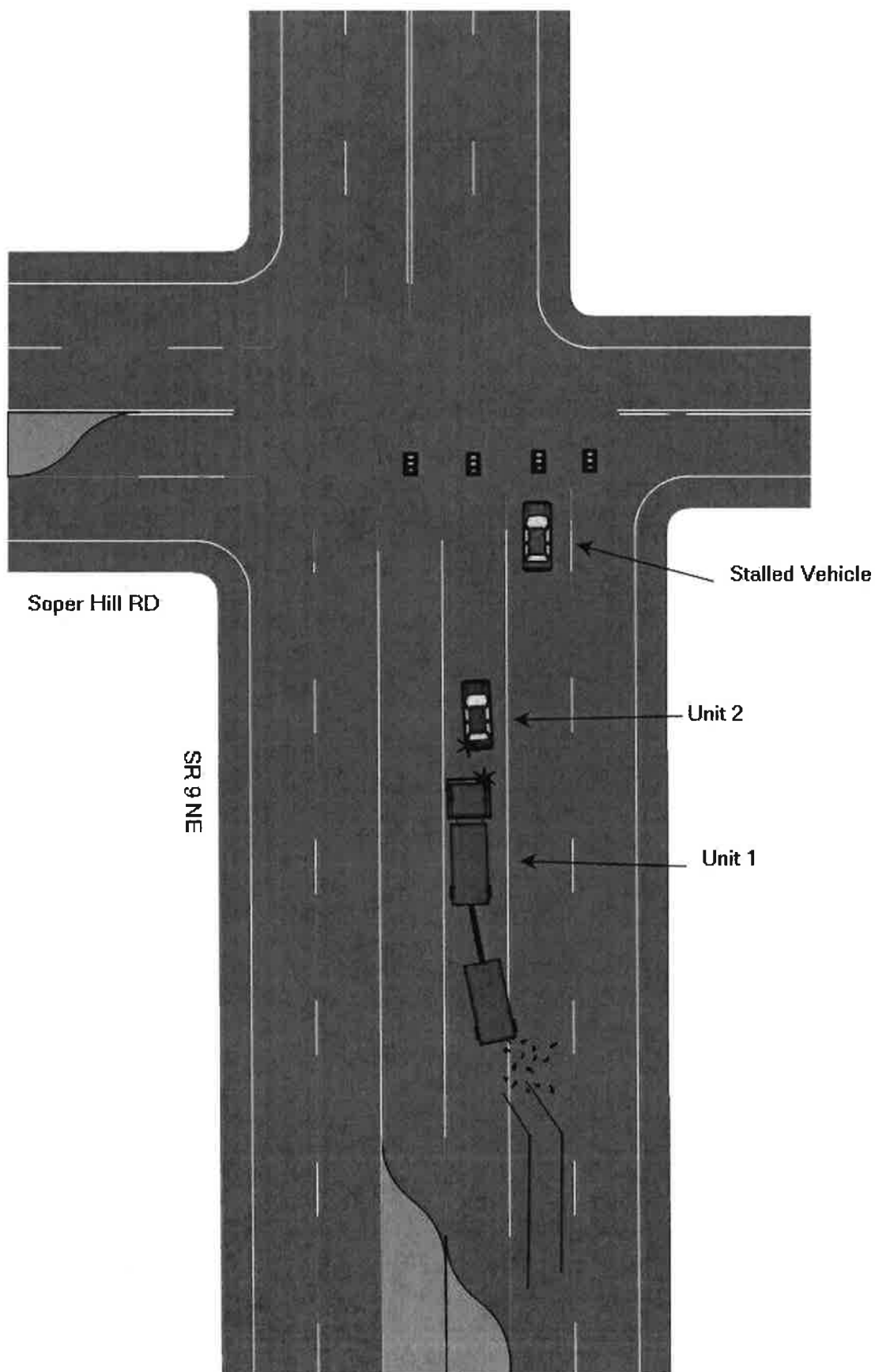
APPROVED BY
MINER

DATE

9/5/2014

PAGE **3**

OF **4**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

1402164



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Crespo Michele	RACE W	ETH	SEX F	DOB 8-5-62	AGE 52	HGT 5'4"	WGT 235	HAIR BRN	EYES BLU
STREET ADDRESS 16821 Smokey Pt Blvd		CITY Arlington			STATE WA	ZIP 98003	RES. STATUS			
HOME PHONE 425 397 9727		CELL PHONE 425 750 9466			PLACE OF EMPLOYMENT disabled					
WORK PHONE		EMAIL ADDRESS								

I, Michele Crespo, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

on Hwy 9

Slowing to stop @ Super Hill Rd. Light turned green ~~everyone~~ all vehicles still moving & accelerating, "suddenly" car in front of me came to a complete stop. I don't know how I didn't hit him, I couldn't see what was in front of him. I came to complete stop & several seconds later I was rear-ended, very hard jolt I felt stunned & a little disoriented, I had an immediate headache.

Driver of dump ~~truck~~ truck driver came to my window asking if I was okay. I called 911.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Michele Crespo	DATE SIGNED 8-4-14	LOCATION SIGNED in side car 16821
OFFICER/NUMBER: K. BERNHARD #720	DATE SIGNED 8-4-14	LOCATION SIGNED LAKE STEVENS WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

14-02164

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) CROSBY, MYRON A	RACE W	ETH	SEX M	DOB	AGE 70	HGT 59	WGT 145	HAIR BR	EYES BR
STREET ADDRESS 17307 CROSBY AVE RED		CITY GRANITE FALLS		STATE WA		ZIP 98250		RES. STATUS		
HOME PHONE 360-691-7317		CELL PHONE 425-418-3053		PLACE OF EMPLOYMENT WOLFORD TRUCKING						
WORK PHONE 425-418-3053		EMAIL ADDRESS								

I, MYRON, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

going North on Hwy 9 Toward Soper Hill Light-
Car Stalled AT light-
Car in front of me stopped real fast
I Turned & Tried to miss it-
Just HIT THE CORNER OF CAR.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Myron A. Crosby</u>	DATE SIGNED 9-4-14	LOCATION SIGNED Hwy 9 & Soper Hill Rd
OFFICER/NUMBER: <u>K. BERNHARD #120</u>	DATE SIGNED 9-4-14	LOCATION SIGNED LK STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

CHECK ALL THAT APPLY:

☒ NON-IMPOUND/TOW

☐ AAA or OTHER ROADSIDE ASSISTANCE

☐ EVIDENCE

☐ SEIZED UNDER RCW 69.50.505

☐ IMPOUND ONLY

☐ DUI/PC IMPOUND WITH 12 HOUR HOLD

☐ DWLS IMPOUND WITH ___ DAY HOLD

☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER

☐ REGISTERED OWNER MAY REDEEM _____

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
14-02164

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION			
VIN 1G2WP12K4XF277160			
LICENSE ALA8811	STATE WASHINGTON	YEAR 1999	MAKE PONTIAC
<input type="checkbox"/> Report of Sale MILEAGE <input type="checkbox"/> Digital UNREADABLE		STYLE 2 PASS LOW SPEED VEH	MODEL GRACP
		COLOR BLUE	

DRIVER		REGISTERED OWNER		LEGAL OWNER
NAME (LAST, FIRST, MI) CRESPO, MICHELE A		NAME (LAST, FIRST, MI) CRESPO, MICHELE A		NAME (LAST, FIRST, MI) LEGAL SAME
STREET ADDRESS 16821 SMOKEY POINT BLVD # 223		STREET ADDRESS 16821 SMOKEY POINT BLVD # 223		STREET ADDRESS
CITY, STATE, ZIP CODE ARLINGTON, WA 982238407		CITY, STATE, ZIP CODE ARLINGTON, WA 982238407		CITY, STATE, ZIP CODE
PHONE (425)750-9466	DOB	PHONE (425)750-9466		PHONE

AUTHORIZATION AND RECEIPT

ON 9/4/2014 AT 12:57 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED SPEEDWAY TOWING 5348-003
(TOWING FIRM) (DOT TRUCK NO.)

DRIVEN BY BILL TO REMOVE THIS VEHICLE FROM 2900 SR 9 NE/SOPER HILL RD
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input checked="" type="checkbox"/> L REAR <input checked="" type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY	NARRATIVE OR DIAGRAM
	<p>(List reason(s) for impound.)</p> <p>vehicle involved in collision. driver transported to hospital. not driveable.</p> <p>LSPD ORIGINAL</p>

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

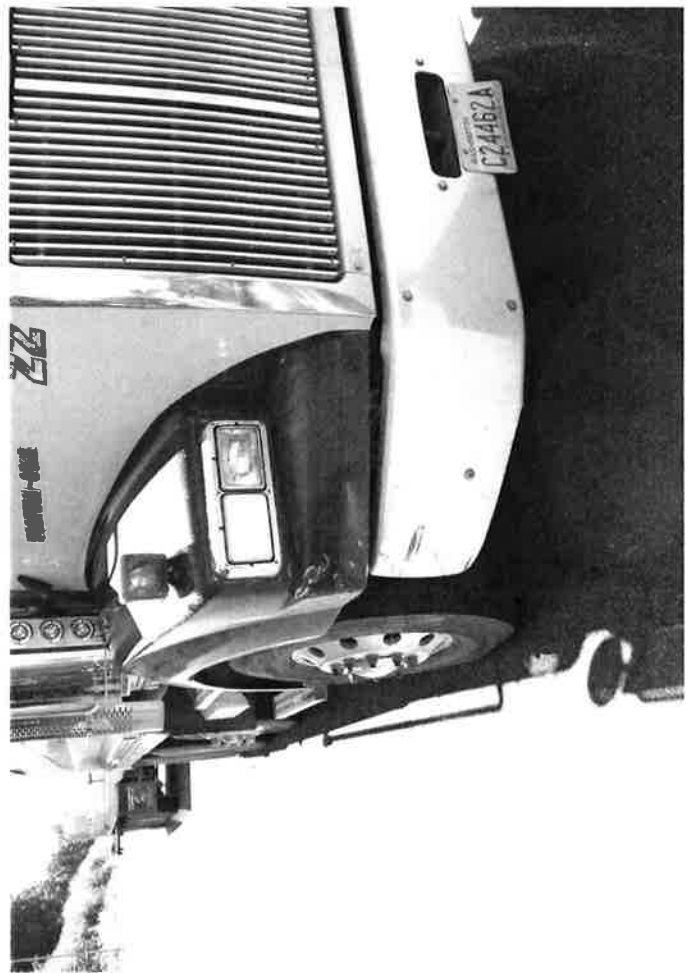
OFFICER'S ELECTRONIC SIGNATURE	<u>Kerry Bernhard</u>	<u>SNOHOMISH, WA</u>	<u>120</u>	<u>Lake Stevens PD</u>
	COUNTY, WA	BADGE NO.	AGENCY	

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>K. BELMONT #120</i>			Case Number <i>14-02164</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>ACCIDENT</i>			Date/Time: <i>9-4-14 1518</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					
Item # <i>143-1</i> Action # <i>3</i>	Item <i>PHOTO CD</i>		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name <i>LSPD</i>			Address			City		State
						Zip		Phone #
						Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address			City		State
						Zip		Phone #
						Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address			City		State
						Zip		Phone #
						Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address			City		State
						Zip		Phone #
						Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address			City		State
						Zip		Phone #
						Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address			City		State
						Zip		Phone #
						Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions								
Evidence Control Use Only:								
Received by Evidence:			NCIC/WACIC ✓			Date:		
Name: _____ # _____			NCIC/WACIC +			Date:		
Date: _____ Time: _____			NCIC/WACIC -			Date:		
						CAD/RMS Checked		
						Owner Letter Sent:		
						Owner Letter Sent:		
						ROUTING: _____		
						White: Property Room		
						Yellow: Case File		

LSPD
ORIGINAL

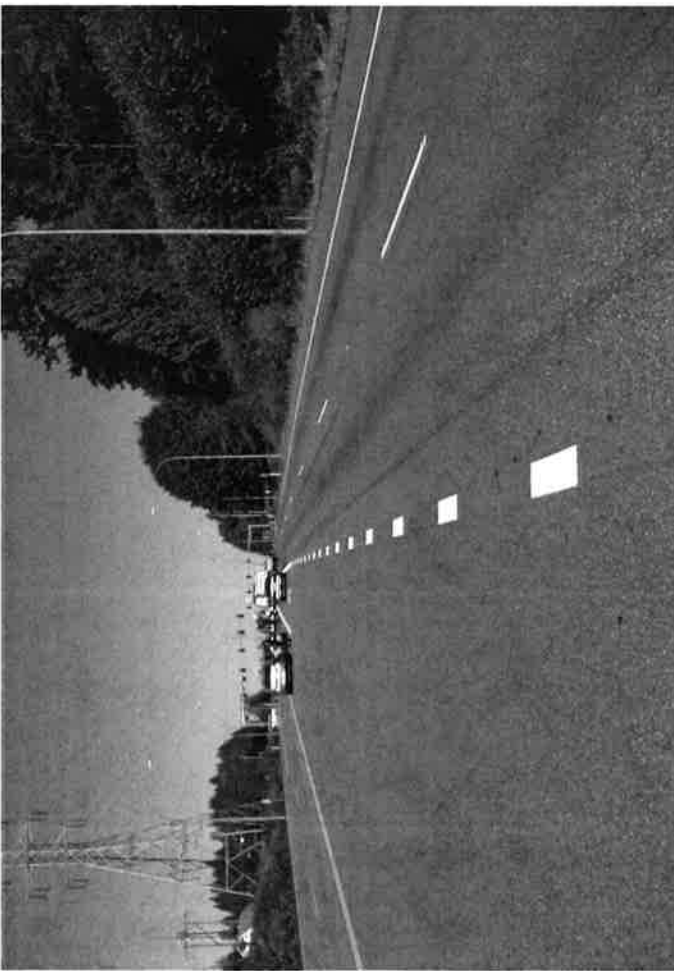
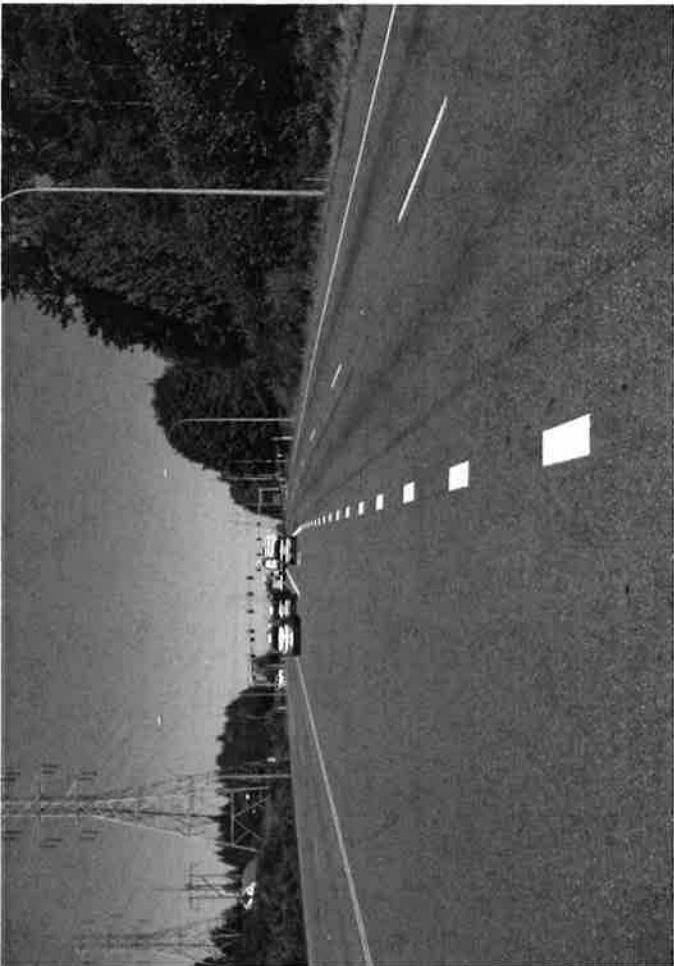


ORIGINAL

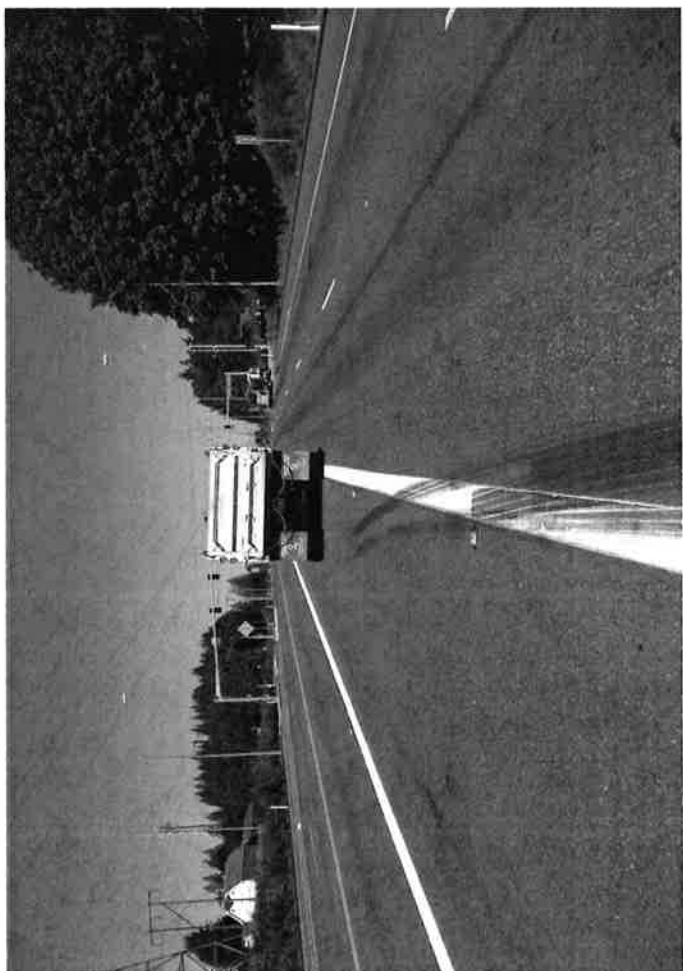
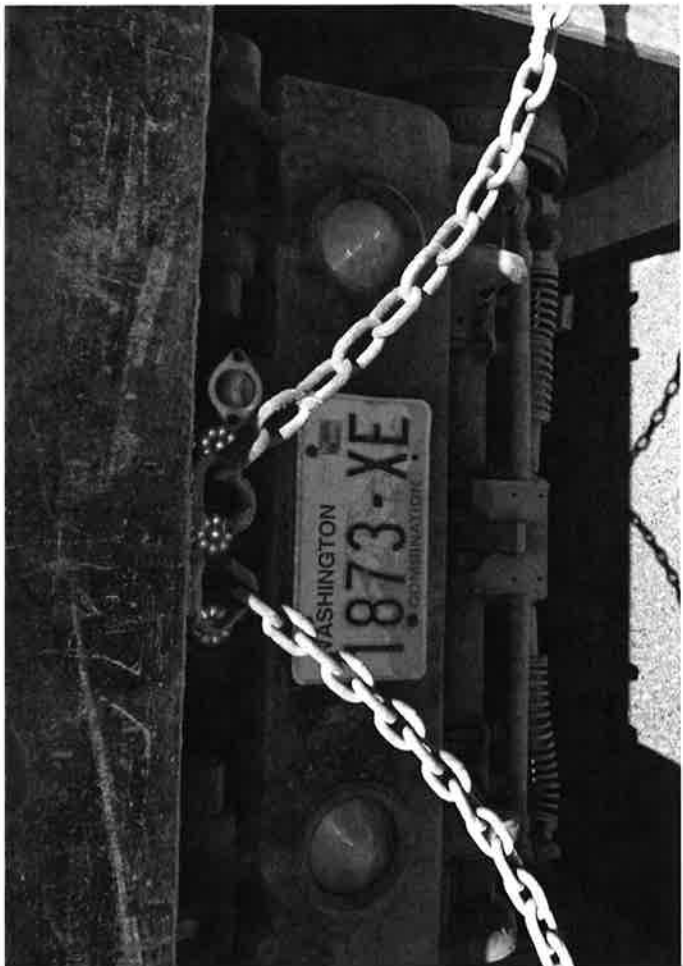




LSPD
ORIGINAL



ORIGINAL



ORIGINAL

Incident History for: #SS14017296 Xref: #AG14002525

Case Numbers: \$SS14002164

Entered 09/04/14 12:23:07 BY SPDF25 SP0137
Dispatched 09/04/14 12:24:08 BY SPDP17 SP0312
Enroute 09/04/14 12:24:08
Onscene 09/04/14 12:25:51
Closed 09/04/14 13:17:25

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST
Src: T

Loc: SOPER HILL RD/SR 9 NE , LKS (V)

Loc Info:

Name: MICHELLE CRESPO

Addr:

Phone: 4257509466

/1223 (SP0137) ENTRY , DUMP TRUCK VS PC , OCCURED ON SR 9 , NON BLKING
, TURN LANE. 1 SUBJ W/HEA DACH
/1222? (SP0285) SUPP NAM: MILLER, CHRIS,
PHO: 2068176122,
TXT: AC, NON INJ, NON BLKING, DUMP TK VS VEH ON
SR 9
/1223 (SP0137) CHANGE NAM: MILLER, CHRIS --> MICHELLE CRESPO,
PHO: 2068176122 --> 4257509466
/1224 (SP0312) DISPER 19D3 #SS120 BERNHARD, OFFICER (KERRY)
/1224 (SP0137) SUPP TXT: RED CHEVY CAVALIER INV
/1224 (SP0312) ASSTER 19D2 #SS112 WARBI, OFFICER (STEVE)
/1225 ONSCNE 19D3
/1226 (*****) REMINQ 19D3 C24462A
/1226 (SP0312) REMINQ 19D3 LIC, 19D3, C24462A, , ,
/1226 (*****) REMINQ 19D3 ALA8811
/1226 (SP0312) REMINQ 19D3 LIC, 19D3, ALA8811, , ,
/1228 MISC 19D3 , AID OS
/1231 (SS112) *ONSCNE 19D2
/1231 (SP0312) ASSTOS 19S10 [SOPER HILL RD/SR 9 NE , LKS]
#SS13 BROOKS, SGT (RON)
/1235 (SS120) *ASNCAS 19D3 \$SS14002164
/1250 (SP0312) ROTREQ 19D2 TOW 5348 LKS SPEEDWAY TOWING INC
3605635630
/1251 MISC 19D2 , SPEEDWAY TOW ENRT
/1258 \$PREMPT 19D2
/1307 MISC 19D3 , TOW OS
/1311 \$PREMPT 19S10
/1317 CLEAR 19D3 D/H
/1317 CLOSE 19D3

ORIGINAL